

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4091HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2011
NAME OF PROVIDER OR SUPPLIER NEVADA HOME HEALTH PROVIDERS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3017 N CHARLESTON BLVD SUITE 70 LAS VEGAS, NV 89102		
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H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure re-survey conducted in your facility on 4/14/11 and finalized on 4/14/11, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Ten employee files were reviewed. Seven patient files were reviewed. Two home visits were conducted.</p> <p>The following deficiencies were identified:</p>	H 00			
H140	<p>449.779 Professional Advisory Group</p> <p>1. The professional advisory group must be appointed by the governing body and shall assist in establishing written policies covering skilled nursing, other therapeutic services and other aspects of professional health. These policies must be reviewed at least annually and revised as necessary, and must cover the following:</p> <ul style="list-style-type: none"> (a) The scope of services offered; (b) Administrative records; (c) Personnel qualifications and 	H140			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H140	<p>Continued From page 1</p> <p>responsibilities; and</p> <p>(d) The evaluation of programs.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on interview, document review and policy and procedure review, the facility failed to have an active professional advisory group that reviewed and revised skilled nursing, therapeutic services and scope of services policies and procedures on an annual basis.</p> <p>On 04/14/11 at 10:30 AM an interview was conducted with the Director of Professional Services who confirmed the facility's skilled nursing, therapeutic services and scope of services policies and procedures had not been revised since 06/30/04. The Director reported the professional advisory groups last meeting was held on 06/21/10. The Director confirmed the facility's Administrator and the Director of Professional Services were the only staff present at the meeting.</p> <p>The Director of Professional Services acknowledged according to the facility's policy and procedures the facility's professional advisory group was required to meet every six months. The quality assurance committee was required to meet quarterly and the utilization review committee was required to meet monthly. The Director confirmed the professional advisory group committee met once in 2010. There were no quality assurance committee or utilization review committee meetings held for the year 2010 or 2011.</p> <p>On 04/14/11 at 11:00 AM the Director of Professional Services could not produce any documented evidence of quality assurance or utilization review committee meetings for 2010 or 2011.</p>	H140			

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H140	<p>Continued From page 2</p> <p>A review of the facility's skilled nursing, therapeutic services and scope of services policies and procedures indicated the policies were approved on 06/30/04. The revision date on all policies reviewed were blank.</p> <p>A review of the facility's Professional Advisory Group Policy and Procedure dated 06/30/04 included the following:</p> <p>Purpose: "To ensure the on-going of agency operations in accordance with state and federal regulations."</p> <p>Policy: "The governing body will appoint a multi-disciplinary professional advisory group. The group will consist of the governing body member, at least one practicing physician, a nurse with community health or home care experience, patient client representatives of other professional services such as physical therapy, speech or occupational therapy, social work and discharge planning. Agency members should be individuals who are aware of needs of the community related to the populations served. The committee will meet every six month or more often as needed and minutes of the meetings must be recorded."</p> <p>The group establishes and reviews policies and procedures, and oversees regulatory compliance, in the following operations:</p> <p>a. Admission and discharge policies and procedures</p> <p>b. Policies governing scope of services offered</p> <p>c. Medical supervision</p>	H140			

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H140	<p>Continued From page 3</p> <p>d. Development of plans of treatment</p> <p>e. Emergency procedures</p> <p>f. Clinical procedures</p> <p>g. Patient/client records</p> <p>h. Personnel qualifications</p> <p>i. Operating budget</p> <p>j. Performance improvement plan</p> <p>A review of the facility's Utilization review Policy and procedure dated 06/30/04 included the following:</p> <p>Purpose: "To define the functions and responsibilities of utilization review members in the implementation of quality services to patients the agency accepts responsibility."</p> <p>Policy: "Each home health agency shall have a written utilization review committee to ensure that all services necessary in the care of a patient is provided and utilized as established by the standards of medical care."</p> <p>"The committee shall conduct review and participate with team conferences to ensure that implementation of care adheres to the plan of treatment; and certification/recertification of services strictly monitored."</p> <p>List of committee members shall include:</p> <p>a. Administrator</p>	H140			

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H140	Continued From page 4 b. Director of Patient Care Services c. Medical Director d. Supervisor e. Quality Assurance f. Case Manager Utilization Review committee meetings shall be scheduled every month. Severity: 2 Scope: 3	H140			
H149	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 3. The orientation of all health personnel to the policies and objectives of the agency, training while on the job, and contributing education; This Regulation is not met as evidenced by: Based on interview, personnel file review and procedure review, the facility failed to ensure new employees were provided with infection control training required in the facility's infection control policies and procedures. On 04/14/11 at 10:30 AM an interview was conducted with the Director of Professional Services who reported all employees hired were	H149			

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H149	<p>Continued From page 5</p> <p>required to have training in infection control during agency orientation and every year thereafter. The Director acknowledged the person in charge of infection control at the facility was not a nurse and had no training or experience in the field of infection control. The Director acknowledged the agency had no written job description for the infection control nurse/employee.</p> <p>On 04/14/11 a review of the Assistant Administrator/Infection Control employees personnel file was reviewed. There was no documented evidence of infection control training or experience located in the personnel file.</p> <p>On 04/14/11 a review of employee files revealed 12 out of 12 files had no documented evidence of infection control training located in the personnel files.</p> <p>A review of the facility's undated Infection Control Education/Training Policy and Procedure included the following:</p> <p>Policy: "For each twelve (12) months of employment, all employees and contractors who have contact with the clients in the client's residence shall complete in-service training about infection control practices to be used in the home. Infection control training during agency orientation will include the following information. This will be provided using written materials, videos, orientation to clinical settings and other methods appropriate for specific situations."</p> <p>a. Employee health requirements</p> <p>b. Personal hygiene</p>	H149			

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H149	Continued From page 6 c. Infection control policies d. Health and transmitted infections e. Isolation precautions f. Aseptic technique g. Standard precautions h. Hazardous waste disposal i. Disposal of contaminated materials and equipment, including dressings, needles, syringes, and razor blades. j. Cleaning and sterilization of equipment and devices. k. Exposure to blood borne pathogens and tuberculosis l. Agency specific infection control procedures m. Other topic as required 1. "Employee education shall occur at the time of employment, within 30 days of when change occur, and annually. Records of such training shall be maintained in accordance with the policy for retention of records, but not less than 3 years." 2. "Annual infection control training will focus on changes in policy or regulation and topics pertinent to position in the agency." 3. "Training records will include dates, contents of the training sessions, names and qualifications of instructors, and the names and job titles of	H149			

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H149	Continued From page 7 attendees." Severity: 2 Scope: 3	H149			
H153	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and This Regulation is not met as evidenced by: Based on record review and document review, the facility failed to follow NAC 449.375 for tuberculosis skin testing (PPD) for 7 of 10 employees (Employee #1, #2, #3, #5, #6, #8 and #10). NAC 441A.375 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.	H153			

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H153	<p>Continued From page 8</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical</p>	H153			

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H153	<p>Continued From page 9</p> <p>facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>1. Employee #1 was hired 4/1/11. There was no documented evidence of a two-step PPD in the employee file. There was no documented evidence a physical examination was completed.</p> <p>2. Employee #5 was hired 1/26/10. There was no documented evidence of a two-step PPD in the employee file. There was no documented evidence a physical examination was completed.</p> <p>3. Employee #6 was hired 9/15/10. There was no documented evidence of a two-step PPD in the employee file. There was no documented evidence a physical examination was completed.</p> <p>4. Employee #10 was hired 2/23/10. The employee file documented the employee received a one step PPD on 2/28/09. There was no documented evidence the employee had a two-step PPD or a annual PPD.</p> <p>5. Employee #2 was hired 3/25/10. A chest x-ray was completed on 11/09. There was no documented evidence of proof of a positive PPD or a signs and symptoms checklist completed.</p> <p>6. Employee #3 was hired 3/17/08. A chest x-ray was completed on 2/09. There was no documented evidence of proof of a positive PPD or a signs and symptoms checklist completed since 1/09.</p> <p>7. Employee #8 was hired 6/12/09. A Quantiferon was completed on 10/29/09. There was no documented evidence a signs and</p>	H153			

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H153	Continued From page 10 symptoms checklist had been completed for 2010. Severity: 2 Scope: 3	H153			
H171	449.791 Duties of Personnel 3. The certified home health aide must be trained to function as a member of the health services team. Under the supervision of a registered nurse, he may: (a) Give the patient personal care, including assistance in the activities of daily living. (b) Perform certain household services to ensure that the patient's nutritional needs are met and to maintain a safe and clean environment for him. This Regulation is not met as evidenced by: Based on record review and document review, the facility failed to provide supervisory visits to the home health aide caring for Client #7. Findings include: 1. Policy C-340, Home Health Aide Supervision, documented the supervisory visits of Home Health Aides must be made by a Registered Nurse at least every 2 weeks. 2. Policy C-1055, Supervisory Policy, documented the supervision must be conducted and documented every 14 days by a Registered nurse for the home health aide. 3. Client #7 had home health aide visits 2 times a week from 3/6/11 through 4/2/11. There was no documented evidence a registered nurse provided a supervisory visit. Scope: 1 Severity: 2	H171			

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H175	<p>449.793 Evaluation by Governing Body</p> <p>1. The governing body of an agency is responsible for providing for an evaluation of the agency once a year. The purpose of the evaluation is to audit, review policies and procedures, and recommend additions or changes and ensure that the policies and regulations are being met.</p> <p>This Regulation is not met as evidenced by: Based on interview, document review and policy and procedure review, the governing body failed to conduct an evaluation of the agency once a year to audit and review policies and procedures of the agency.</p> <p>On 04/14/11 at 10:30 AM an interview was conducted with the Director of Professional Services who acknowledged the governing body had not conducted an evaluation of the agency to audit or review the facility's policies and procedures for the years 2010 or 2011.</p> <p>A review of the facility's skilled nursing, therapeutic services and scope of services policies and procedures indicated the policies were approved on 06/30/04. The revision date on all policies reviewed were blank. There was no evidence any of the facility's policies or procedures were reviewed since 2004.</p> <p>Severity: 2 Scope: 3</p>	H175			
H180	<p>449.793 Evaluation by Governing Body</p> <p>6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during the preceding 3 months in each services area. The members of the committee must include an</p>	H180			

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H180	<p>Continued From page 12</p> <p>administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each are. Each subunit agency must establish a committee to review cases within its area. Minutes of the committee's meetings must be documented and available for review.</p> <p>This Regulation is not met as evidenced by: Based on interview and document review the governing body failed to conduct a quarterly review of 10 percent of the records of patients who received services during the preceding 3 months in each service area.</p> <p>On 04/14/11 at 10:30 AM an interview was conducted with the Director of Professional Services who acknowledged the governing body had not conducted any quarterly reviews of patient records for the years 2010 or 2011. The Director could not produce a list of committee members responsible for conducting quarterly reviews of patient records.</p> <p>A review of governing body meeting minutes at the agency revealed no documented evidence quarterly reviews of patient records by the governing body had ever been conducted. There was no documented evidence a committee had ever been established to review patient records.</p>	H180			

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H180	Continued From page 13	H180			
	Severity: 2 Scope: 3				
H188	<p>449.797 Contents of Clinical Records</p> <p>Clinical records must contain:</p> <p>5. A copy of:</p> <p>(a) The patient's durable power of attorney for health care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; (NRS 449.800 to 449.860 repealed in 2009, referenced now at NRS 162A.700 to 162A.860) and</p> <p>(b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to NRS 449.600.</p> <p>This Regulation is not met as evidenced by: Based on record review and document review, the agency failed to address advanced directives for 6 of 7 clients reviewed (Client's #1, #2, #3, #4, #6 and #7).</p> <p>1. Policy C-430, Advance directive policy documented the agency will request from the client a copy of his/her Advance Directive.</p> <p>2. Policy C-435, Advance directive procedure documented during the admission visit, the registered nurse/therapist will ask the client if they had completed an advanced directive.</p> <p>3. There was no documented evidence in the nursing assessment for Client #1 the Advanced Directives Power of Attorney was addressed with the client.</p> <p>4. There was no documented evidence in the nursing assessment for Client #2 the Advanced</p>	H188			

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NAME OF PROVIDER OR SUPPLIER NEVADA HOME HEALTH PROVIDERS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3017 N CHARLESTON BLVD SUITE 70 LAS VEGAS, NV 89102		
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H188	Continued From page 14 Directives Power of Attorney was addressed with the client. 5. There was no documented evidence in the nursing assessment for Client #3 the Advanced Directives Power of Attorney was addressed with the client. 6. There was no documented evidence in the nursing assessment for Client #4 the Advanced Directives Power of Attorney was addressed with the client. 7. There was no documented evidence in the nursing assessment for Client #6 the Advanced Directives Power of Attorney was addressed with the client. 8. There was no documented evidence in the nursing assessment for Client #7 the Advanced Directives Power of Attorney was addressed with the client. Scope: 3 Severity: 2	H188			
H192	449.797 Contents of Clinical Records 9. A report given to the attending physician, written or by phone, whenever unusual findings occur. A written progress note must be submitted the physician at least every 62 days. This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to notify the physician with unusual findings for Client #3. 1. An interview was conducted with the physical therapist on 4/14/11 at 2:00 PM. The employee explained during the initial physical therapy evaluation, the client's blood pressure was noted	H192			

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H192	Continued From page 15 to be high. The employee notified the on-call staff from the agency on 4/9/11 at 11:45 AM. 2. An interview was conducted with the group care administrator on 4/14/11 at 2:15 PM. The administrator explained the facility staff informed her the resident's blood pressure was high during the physical therapy's visit on 4/9/11. The administrator stated she called the home health agency on 4/11/11 and asked if someone had called the physician and the person she talked to did not know the answer. The administrator explained she then called the resident's physician on 4/11/11 and received an order for Amlodipine which was delivered to the home on 4/12/11. A visit was made by the nurse on 4/12/11. The administrator explained the nurse asked her if she had heard from the physician regarding the elevated blood pressure. The administrator told the nurse the physician ordered Amlodipine. 3. The client's record revealed a communication was sent to the physician on 4/12/11 indicating the patient's blood pressure had been elevated. 4. The DOPS on 4/14/11 in the afternoon stated a nurse would have received the call from the physical therapist on 4/9/11. The DOPS was unable to provide an explanation as to why the physician was not notified by the agency until 4/12/11 the client's blood pressure was elevated. Scope: 1 Severity: 2	H192			
H195	449.800 Medical Orders 2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical	H195			

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H195	Continued From page 16 orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Based on record review, there was no documented evidence the physician's orders were signed within 20 days for 3 of 7 clients reviewed (Client #2, #6 and #7). 1. Client #2's start of care was on 3/3/11. There was a physician signature on the 485 without a date. 2. Client #6's start of care was on 3/1/11. There was no documented evidence of a signed 485 in the client's record. 3. Client #7's start of care was on 2/26/11. The physician signed the 485 on 3/23/11. Scope: 2 Severity: 2	H195			
H198	449.800 Medical Orders 6. Specific orders must be given for: (a) Rehabilitative and restorative care such as physiotherapy; (b) Skilled nursing and home health aide care; (c) Nutritional needs; (d) The degree of activity permitted; (e) Dressings and the frequency of change; (f) The instruction of a member of the family in technical nursing procedures; and (g) Any other items necessary to complete a specific plan of treatment for the patient. This Regulation is not met as evidenced by: Based on record review and document review, the facility failed to follow the plan of care (POC) for 2 of 7 clients reviewed (Client #1 and #6).	H198			

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H198	<p>Continued From page 17</p> <ol style="list-style-type: none"> 1. Policy C-680 documented services ordered on the plan of care will be completed the day service is rendered and incorporated into the clinical record within seven (7) days after the care has been provided. 2. Client #1's POC documented a nurse visit 1 time a week for 3/13-19/11, 2 visits the week of 3/20-26/11 and 1 visit a week for the next 6 weeks. There was 1 documented visit for the week of 3/20-26/11 and no documented visits for the week of 4/3-9/11. 3. Client #1's POC documented a home health aide visit for 3 times a week for 3/13-19/11 and 3/20-26/11 then 2 times a week for 5 weeks. There was no documented visits from a home health aide for 3/27-4/2/11 and 4/3-9/11. 4. Client #6's POC documented a nurse visit 1 time a week for 7 weeks. There was 1 documented visit for the week of 3/13-19/11. There were no documented visits for the weeks of 3/6-12, 3/20-26 or 3/27-4/2/11. <p>Based on record review and document review, the agency failed to provide a physical therapy assessment and occupational therapy assessment for Client #6.</p> <ol style="list-style-type: none"> 1. Policy C-140, Client Admission Process, documented the initial assessment may be completed within 48 hours of the referral unless documentation indicates otherwise. 2. The physician ordered a PT and OT evaluation on 3/1/11 for Client #6. There was no 	H198			

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H198	Continued From page 18 documented evidence in the client record the evaluations were completed. Scope: 1 Severity: 2	H198			
H199	449.800 Medical Orders 7. All orders must be renewed in writing by the physician at least every 62 days. This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to accurately assess the client medications and to update the medication profile for 3 of 7 client's reviewed (Client #2, #3 and #4). 1. Client #2 had Norvasc discontinued on 3/15/11. The medication was not discontinued on the Medication Profile. 2. Client #3 had Amlodipine ordered on 4/12/11. The medication was not placed on the Medication Profile. The nurse made a visit on 4/12/11 and was informed by the group home administrator the medication was ordered for the client. 3. A home visit was made on 4/14/11 at 1:00 PM to Client #4. Client #4 had listed Folate, Iron and Prilosec on the Medication Profile. An interview with the client's wife revealed she was unaware the client was to be taking Folate, Iron and Prilosec. Prescriptions were located during the home visit. Tramadol 50 mg was found in the bedside drawer. The client's wife stated the patient was taking MS Contin every 12 hours. The medications were not listed on the Medication Profile. 4. The nurse was interviewed during the visit. The nurse explained the medications are	H199			

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H199	Continued From page 19 reconciled once a week. If the medication was new, the nurse would write the name of the medication on the medication profile. The nurse could not provide an explanation as to why the folate, iron and Prilosec were listed on the medication profile and the client's wife was unaware of the medication. Scope: 1 Severity: 2	H199			

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